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Introduction: SAPS-3 and SOFA are prognostic scores commonly employed in intensive care unit (ICU). Their accuracy in prediction of mortality has not been adequately evaluated in comparison to prognostic scores commonly employed cirrhotic patients with acute decompensation (AD) or acute-on-chronic liver failure (ACLF).

Aims: To evaluate the performance of prognostic scores, including SAPS-3, SOFA, CLIF-SOFA, Child-Pugh (CPS), MELD, MELD-Na, CLIF-C organ failure, CLIF-C ACLF, CLIF-C AD scores in the prediction of mortality in unselected patients with cirrhosis admitted to the ICU.

Patients and Methods: 213 (150 males, median age 67 [31-91] years) with cirrhosis admitted to the ICU were retrospectively evaluated. All prognostic scores were calculated in the first 24 hours of admission. Their ability to predict mortality was measured using receiver operating characteristic (ROC) curve.

Results: Mortality was observed in 42% of the patients. Analysis of ROC curves revealed that SOFA (0,88) had the best ability to predict mortality, when compared to MELD-Na (0,76), MELD (0,75), CPS (0,71) and SAPS 3 (0,51). In those patients with ACLF, CLIF-ACLF (0,74), CLIF-OF (0,70), MELD-Na (0,73) and MELD (0,69) had a better performance, when compared to SAPS 3 (0,55), SOFA (0,63) and CLIF-SOFA (0,66).

Conclusions: When compared to other general or liver-specific prognostic scores, CLIF-ACLF and SOFA have a better accuracy to predict mortality, respectively, in patients with and without ACLF. SAPS 3 should not be employed as a prognostic score in critically-ill cirrhotic patients.

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P-37 EXPERIENCE IN MEXICO WITH DIRECT ACTING ANTIVIRALS AS A TREATMENT FOR HEPATITIS C

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Background: It is considered that globally, 71 million people have chronic infection caused by the virus of Hepatitis C (HCV). It is estimated that in 2016 approximately 399,000 people died due to it. Among the infected people 70% develop a chronic infection caused by HCV. In Mexico, it was reported that 6% of them is type C, and the most common genotype is 1. Interferon and ribavirin, hardly ever used in developed countries, are still recommended in Mexico for treating this infection.

Aim: To assess the effectiveness of direct acting antivirals (DAA) in Mexican population with HC.

Methods: In a retrospective, multicenter study in 20 hospitals in Mexico, information of patients with HC and treated with DAA was gathered.

Results: A total of 913 patients were included. The gender distribution was 599 women and 314 men, the mean age was 58.88 ± 12.10 years old. The most frequent genotype was genotype 1. It was found that there is 99% of sustained viral response in genotype 1. Presented side effects were slight.

Conclusion: We found a very high SVR rate, 99%, which is why applying DAA immediately after a patient is diagnosed with Hepatitis C to avoid further complications is recommended.

Core tip: In Mexico, a large sample of patients was documented, where it was concluded that DAA should be used without the fear of adverse events, and to be certain about an SVR to the most frequent genotype in our population. However, the use of pangenomic DAA must be considered.

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P-38 UTILITY OF PUPILLARY REACTIVITY IN THE FUNCTIONAL ASSESSMENT OF THE AUTONOMOUS NERVOUS SYSTEM IN PATIENTS WITH CHRONIC LIVER DISEASE: PRELIMINARY RESULTS

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Introduction: Autonomic nervous system (ANS) dysfunction in patients with chronic liver disease (CLD) is associated with greater severity. Heart rate variability (HRV) allows the assessment of ANS, but its implementation is complex. Pupillary reactivity (PR) by automatic pupillometry (AP) also provides this information; however its usefulness in patients with CLD is unknown.

Objectives: To validate the usefulness of PR in the evaluation of ANS in healthy subjects and patients with CLD through association with HRV.

Methods: Cross-sectional study that includes healthy controls (n = 11) and patients with DHC (n = 26). ANS balance was determined by HRV by Holter rhythm of 5 minutes and RP by AP. HRV / RP of healthy subjects and with CLD, and correlation parameters of both measurements were compared.

Results: Significant differences were found between both groups in the parameters of both HRV and RP, demonstrating an imbalance of the ANS in CLD patients. Differences were significant in 2 of 3 time parameters, in 2 of 3 frequency parameters in HRV and in 5 of 7